

CLAIMS ONLY						Application Number 10 583674		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1							51				
2							52				
3							53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep			1				Total Indep				
Total Depend			5				Total Depend				
Total Claims			6				Total Claims				